

Arkansas Real Estate Commission

Phone: (501) 683-8010 ♦ FAX: (501) 683-8020

**REAL ESTATE LICENSE – ACTIVATION** (Inactive to Active)**INSTRUCTIONS**

Complete and return this form with \$30 fee. If applicable, attach proof of completing continuing or post-license education requirement. Change shall become effective when all necessary form(s) and fee(s) are received and approved by the Arkansas Real Estate Commission (AREC). Forms that are incomplete or not accompanied by the proper attachments will be returned to you.

PART A Completed by Licensee

License Number: _____

Name of Licensee _____
 (First Name) (Middle Name or Initial) (Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I request my real estate license be issued to the Firm below as:

Status: ☐ Principal Broker ☐ Executive Broker ☐ Designated EB ☐ Associate Broker ☐ Salesperson
(separate form needed) (separate form needed)

Signature of Licensee: _____

PART B Completed by Principal Broker accepting responsibility for salesperson or broker in Part A

Firm Name: _____

Firm Address: _____

P. O. Box: _____

City: _____ State: _____ Zip: _____

Firm Phone (with area code): _____ Fax: _____

As Principal Broker/Executive Broker, I authorize the issuance of a real estate license with the above named firm.

Principal Broker/Executive Broker License #: _____

Principal Broker/Executive Broker Signature / Activation Date

PART C Complete only if LICENSEE WILL BECOME PRINCIPAL BROKER of a New or Existing Firm*I hereby accept the duties and responsibilities of the firm below and request that my real estate broker's license be issued to this Firm.*

Firm Name: _____

Firm Address: _____

P. O. Box: _____

City: _____ State: _____ Zip: _____

Firm Phone (with area code): _____ Fax: _____

Principal Broker/Executive Broker License #: _____

Principal Broker/Executive Broker Signature / Date

COMMISSION USE ONLY

Receipt #: _____